

## **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

# For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT	22 NAMEOEO	ANDIDATECT	O I I I I I I I I I I I I I I I I I I I		
4-29-14	2.a. NAMEOFO				
2.b. IF COMMITTEE, NAME OF CANDIDATE	COR	MS D.	ADA		
LIST IN COMMITTEE, NAME OF CANDIDATE				3. ELECTION DA	ATE
4.a. CAMPAIGN ADDRESS AND PHONE					
Street or Rural Route	City		01		
3335 Rungold Rd	Eust R		State	Zip Code	Phone
4.b. CANDIDATE'S HOME ADDRESS (if different	than 4 a )	idje Ti	N	37412	423-488-3459
Street or Rural Route	City		State	Zip Code	Dhana
1413 John Ross Ro	Fax	Ridge			Phone 423 - 867 - 7319
5. OFFICE SOUGHT (include district number, if	applicable)	7		TREASURER (may	
COUNTY COMA DIST		Fe			be candidate)
7. CATEGORY OR REPORT (Check one)	0		125 6	ocke	
QUARTER QUARTER QUARTER	FOURTH	PRE- PRIMARY	PRE-	MID-YEAR	YEAR-END
8.a. BEGINNING DATE OF REPORTING PERIOD	GONTIEN		GENERAL DATE OF REPO	SUPPLEMENTA RTING PERIOD	AL SUPPLEMENTAL
4-1-14			-26-14		
9. (Check one)		J	-6-11		
a. This campaign is exempt from detailed	disclosure harry				
<ul> <li>This campaign is exempt from detailed tures total \$1,000 or less for this report</li> </ul>	ing period. (Comp	e contributions ( lete items 12d	including in-kir	nd) received total \$1	,000 or less AND expendi-
<ul> <li>This campaign is required to file a deta and/or expenditures total more than \$1</li> </ul>	iled financial disclo	sure because co	ontributions (in	cluding in-kind) rece	eived total more than \$1,000
		ing period.		-	
I/we do solemnly swear or affirm that the info accurate accounting of campaign contribution	rmation contained	in this compaig	n financial di	·	100 mm m
accurate accounting of campaign contribution Financial Disclosure Act. Additionally live sy	s and expenditures	required to be r	eported by the	ciosure report is true e candidate committ	e and that this report is an
Financial Disclosure Act. Additionally, I/we sy benefit of the candidate or for any other nonport					or the personal financial
	ontion purpose as	defined by the fe	ederai internai	revenue code.	
(Custer ). (dame	4/20/14		$C_{i}$		
signature of candidate	date		signature of	political treasurer	4-29-14
			signature of	political treasurer	date
11. WITNESS SIGNATURE					
Donette Higdon	4/29/2014		Daylot	to Hiadon	4/29/2014
signature of witness	date		signatu	ure of witness	date
					date
12. SUMMARY					
a. BALANCE ON HAND LAST REPORT				2 958 6	\$
and an analysis of the order of the order					1
b. TOTAL RECEIPTS THIS PERIOD				1,050,00	
b. TOTAL RECEIPTS THIS PERIOD c. TOTAL DISBURSEMENTS THIS PERIOD		•••••	······································		_
c. TOTAL DISBURSEMENTS THIS PERIOD				2038,97	<u>7</u>
d. BALANCE ON HAND (12.a. plus 12.b. minu	us 12.c.)				\$ 1969.64
70741.0440	·C 111 23				
e. TOTAL LOANS OUTSTANDING	· o Md 669	19A 4102			\$
100	*				
f. TOTAL OBLIGATIONS OUTSTANDING	ON COMMIS	TIMI			\$
	11071	1 P4 V 17			



#### SUMMARY PAGE - CANDIDATE

13	. NAME OF CANDIDATE OR COMMITTEE (In Full)	14.	REPORT COV	ERING THE PERIOD			
_	CURPS O. ADAMS		M: 4-1-14	TO: 4-26-14			
	RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)						
	a. Unitemized Contributions (\$100 or less from each source this period)						
	b. Itemized Contributions (over \$100 from each source this period)	\$_	800,00	_			
	c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)			\$ 1050.00			
16	16. LOANS RECEIVED THIS REPORTING PERIOD						
17	INTEREST RECEIVED THIS REPORTING PERIOD			\$			
18.	TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)			\$ 1050.00			
DI	SBURSEMENTS						
19.	EXPENDITURES (other than loan payments)						
a	a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.	g., pri	nting, postage,	gasoline)			
	DONATON - FORD OF USA \$ 100.0						
		7					
	check charges \$ 26-8	0					
	\$						
	\$						
	\$						
	\$						
	\$						
	\$						
_							
	otal of Expenditures (\$100 or less each payee)			-			
	Itemized Expenditures (Over \$100 each payee this period)			-			
C.	c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)						
	LOAN REPAYMENTS MADE THIS PERIOD						
	21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)						
22.IN-KIND CONTRIBUTIONS							
a.	Unitemized in-kind contributions (\$100 or less from each source this period)\$						
b.	b. Itemized in-kind contributions (over \$100 from each source this period)\$						
c.	c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)\$						
23. OBLIGATIONS							
a.	a. Unitemized Obligations Outstanding (\$100 or less each)\$						
b.	. Itemized Obligations Outstanding (Over \$100 each)\$						
C.	c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.f.)\$						



### ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

<ol> <li>NAME OF CANDIDATE OR COMMITTEE</li> </ol>				2 050005000		
2. REPORT COVE					TO: 4-26-44	
TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount	
COMPLETE THE APPROPRIATE ITEMS FOR E	IZED CONTRIBUTION	(contributions totaling more than	0			
First Name Ben	Middle Nar		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name			Primary Election General Election			
Landress			General Election		300.0	
Address 99. S. CREST	Rd		Runoff (Local Elections Only)		300-10	
Chatt TN	State 7W	Zip Code 37 404	Date of Contribution		Aggregate This Election	
Occupation BVS OWNER			VIE	4-15-14		
CBL & ASSOZ			1-13-	Same		
First Name	Name and Address of the Owner, where					
James	Middle Nar	TIE .	Contribution Received For		Amount of Contribution	
Last Name/Organization Name			Primary Election	General Election	500.00	
Address P. D. BOX 22634				Runoff (Local Elections Only)		
Chatt.	State	Zip Code	Date of Contribution		Aggregate This Election	
Occupation BUS OCUMBA						
Employer		4-21-14		Sano		
FROST CULTES						
First Name	Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name			Primary Election	General Election		
Address			Runoff (Local Election	s Only)		
City	State	Zip Code	Date of Contribution	Date of Contribution		
Occupation						
Employer		-				
First Name Middle Name		Contribution Received For:		Amount of Contribution		
Last Name/Organization Name			☐ Primary Election ☐ General Election			
Address			Runoff (Local Elections Only)			
City	State	Zip Code	Date of Contribution		Aggregate This Election	
Occupation						
Employer						
TOTAL ITEMIZED CONTRIBUTIONS     (Carry forward to item 3, of next page if additional pages of (If this is the last page of contributions, this amount must be contributions).	e used.) em 15b. of summary.)			800.00		

#### ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

<ol> <li>NAME OF CANDIDATE OR COMMITTEE</li> </ol>				2 REPORT COVE	RING THE PERIOD
CURTIS D. ADAMS FROM: 4-1-14					TO: 4-26-14
					Amount
TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)     COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the permitted page).					-0-
A STATE OF THE PROPERTY OF THE	NEVAL DESCRIPTION OF PROPERTY.	to the first of th	the state of the s	) to any payee during the pe	eriod)
First Name	Middle N	lame	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name			-		
Chattanogan. w	n~				20.
Address BOX 2331			Adu.		390.00
City	State	Zip Code	-		
Chatt	IN	37409			
First Name	Middle N	ame	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name			-		
Home town MK	$\Gamma$ ,	INC.			
Address 311 113 and 14-11	้อน	DR			1160,00
City Holl	State	Zip Code	Adv.		
Chatt	721	37421			
First Name	Middle M				
Thermanic	Middle Na	ame	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name	-		1		
Fresh to 0R98	R		1	- 010	
	011	ton, Pl. 810	Lunche	300-00	
City	State	Zip Code			
Chatt.	TN	37421			
First Name	Middle Nar	ne	Purpose of Expenditure	(A) (京都 南) A (京都) (10 · 10 · 10 · 10 · 10 · 10 · 10 · 10	Amount of Expenditure
Last Name/Business Name				Amount of Experiature	
Last Name/Dusiness Name					
Address			İ		
City					
City	State	Zip Code			
	Victoria Sec				
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address					-
City	State	Zip Code			
First Name	Middle Nam	е	Purpose of Expenditure		Amount of Expenditure
cost Name/Dusiness Name				Amount of Experiorate	
ast Name/Business Name					
ddress					
ity	State	Zip Code			
5. TOTAL ITEMIZED EXPENDITURES					
(Carry forward to item 3. of next page if additional pages	of this form a	re used.)			1850,00
(If this is the last page of expenditures, this amount must	be shown in i	tem 19b. of summary.)			1020100